

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 07/2021)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Julie Law				2a. CONTACT PHONE NUMBER (415) 445-4003			3. CONTACT EMAIL ADDRESS jlaw@bfalaw.com								
1b. ATTORNEY NAME (if different) Lesley Weaver				2b. ATTORNEY PHONE NUMBER (415) 445-4003			3. ATTORNEY EMAIL ADDRESS lweaver@bfalaw.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Bleichmar Fonti & Auld LLP 555 12th Street, Suite 1600 Oakland, CA 94607				5. CASE NAME In re Facebook, Inc., Consumer Privacy User Profile					6. CASE NUMBER 18-md-02843						
				8. THIS TRANSCRIPT ORDER IS FOR:											
7. COURT REPORTER NAME (or enter "RECORDED" and start/stop times) RECORDED Start: 4:32pm / Stop: 5:01pm				<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form: use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
02/10/2022	VC	CMC		●	○	○	○	○	○	○	○	○	●	○	○
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE				
11. SIGNATURE /s/ Lesley Weaver											02/10/2022				

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